

DELAWARE DEPARTMENT OF CORRECTIONS **REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: H.R.Y.C.I.

(GANDER HILL)

This request is for (circle one): **MEDICAL** **DENTAL** **MENTAL HEALTH**

Leonard Baylis

1-D-5

Name (Print)

Housing Location

9-5-50

100231

Date of Birth

SBI Number

16 September 05

Date Submitted

Complaint (What type of problem are you having)

Recently Visited Dentist
 And WAS told to come back when sentenced. I AM NOW
 sentenced (9-15-05) I need denture work I have
 trouble chewing/eating - it is hard on my stomach

Leonard Baylis

16 September 05

Inmate Signature

Date

The below area is for medical use only. Please do not write any further

S: you have been scheduled for sick call

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature and Title

Date

Time